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Complete and send ti	3/	th applicable fo	ee(s), to: <u>Mail</u>	Commissioner 1 P.O. Box 1450	E FEE or Patents ginia 22313-1450	7
JAN 5 0 /···			or <u>Fax</u>	(571) 273-2885	giiia 22313-1430	•
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APPLICATION NO.	FILING DATE		FIRST NAMED IN	/ENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO.
10/791.980	03/03/2004		Timothy Wo	ood	PHRM0019-101	5009
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	. NO	\$1400		\$300	\$1700	<u> </u>
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EXAMINER		ART UNIT		CLASS-SUBCLASS		
SWOPE, S	HERIDAN	1656		435-226000		
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